proportion nor in any constant uniformity of size and shape. The committee could not then propound any theories from these observations. They have wisely contented themselves with stating the facts. They could not even trace relations between the different forms described. It does not appear that any "cultivation" of them was followed out. But with the facts before them, they were justified in believing that the presence of these organisms was rather evidence of the existence, than cause of the production, of the symptoms of blood-poisoning. Many considerations naturally arise here, but until the subject can be viewed in all its bearings, until the report is fully before us, it would be out of place to attempt anything like a criticism. The most interesting fact yielded by the analysis of the urine was the diminution in the excretion of inorganic constituents, chiefly earthy phosphates. It was suggested that this might be due to consumption of these constituents in the blood by these organisms. It was also pointed out that the potash salts were not in excess, as had been theoretically surmised might be the case.

The question before the committee was one of unusual difficulty, and great credit is due to them for having produced so voluminous and so exhaustive a report within the brief space of eighteen months. It will be found when it comes to be published to be the most complete survey of the subject of pyæmia and septicæmia in man that we possess, and it will prove valuable, quite as much for the suggestions it affords for further research as for the new light it has thrown upon the nature of these diseases.—*Lancet*, May 24, 1879.

Typhoid Fever and Periostitis.

Until the present time the relations between the inflammations of the periosteum and typhoid fever have not been much studied. Knowing that abscesses, myostitis, suppurating infarcta of the intestines, etc., are caused by the effect of typhoid fever, why should we not admit that the bones and their covering may be affected like the rest of the tissues in this illness? MERCIER (*Revue Mens.*, January, 1879) has observed this complication in seven cases. It comes on during convalescence, *i. e.*, after five or six weeks of illness, when there is no fever, and the patient begins to get up. The most marked symptom of this periostitis is weakness, which increases, in spite of the good appetite and the normal state of the digestive functions, the tonics, and nourishing food. Generally a member feels at this time heavy, impotent, and benumbed, the leg can hardly sustain the weight of the body, or the movements of the arm and shoulder are limited. The periosteum is swollen and very tender to pressure in some spots. From four to eight days later the patient complains of violent pains; the skin is normal, but the subcutaneous cellular tissue has become œdematous; the periosteum is tumefied, thickens, and grows excessively painful. This tumefaction of the cellular tissue lasts for four or five days, when the symptoms begin to decrease. The pus which has been formed is either reabsorbed or evacuated. In this case the pains cease, and the periosteum remains thick, sometimes the periostitis ends in necrosis of the bone. It is only after these inflammations of the periosteum are entirely over, after the pus has been either reabsorbed or evacuated, that the patient begins to gain flesh and recover his forces, and the illness may be said to be terminated. The etiology of this complication is as yet very obscure, as it seems to come on suddenly, at least apparently so, unless some traumatic affection in some part of the body seems to determine the spot where it will break out later on. So far as the treatment is concerned, the author has found that a blister applied to the tumefied point from the very beginning has proved useful. When the pus has formed, no artificial opening must be made to evacuate it, as this might give rise to septicæmia; therefore it is better to let the pus either be reabsorbed or spontaneously evacuated.—*London Med. Record*, May 15, 1879.

The Influence of Antiseptic Treatment on Injuries of the Head.

A paper by Prof. ESTLANDER of Helsingfors, published in the first number of the *Nordiskt Medicinskt Arkiv* for 1879, contains valuable testimony to the beneficial influence of the antiseptic treatment. During the eighteen years 1860-1877, three hundred and forty-one cases of injury of the head were admitted into hospital, under his care. He divides these into two series: one, from 1860 to 1869, in which the ordinary treatment was followed; and another, from 1870 to 1877, in which carbolic acid was used. The results are briefly as follows. In the first period, there were one hundred and forty-five cases: viz., simple wound, seventy-nine recoveries and three deaths; wound laying bare the skull, thirty recoveries and seven deaths; wound with fracture of the skull and lesion of the brain, three recoveries and seven deaths; fracture of the base of the skull, four recoveries and four deaths. In the second or antiseptic period, the numbers were: simple wound, ninety-two recoveries and three deaths; wound with exposure of the skull, sixty-six recoveries and one death; fracture of the cranium and injury of the brain, eleven recoveries and two deaths; fracture of the base of the skull, six recoveries and five deaths. Six cases are deducted in the first period and ten in the second, because death occurred too soon after the admission of the patients for the influence of any treatment whatever to be apparent. It will be seen that the difference in favour of the antiseptic treatment is strongly marked in the case of wounds attended with exposure of the skull; the mortality in the first period being seven cases in thirty-seven, or very nearly 19 per cent.; in the second, one in sixty-seven, or about 1.5 per cent. In the cases attended with injury of the brain, the difference is also great: in the first period, three-fourths of the patients died; in the second, about one-sixth (two in thirteen) recovered. These results are more striking, when it is observed that the death-rate in fracture of the base of the skull, where, of course, antiseptic treatment is inapplicable, was very nearly the same in the two periods. Dr. Estlander says that the results of the antiseptic treatment correspond with his experience of injuries of other parts of the body. Before adopting the antiseptic method, he lost sixteen out of thirty-one cases of compound fracture of the bones of the limbs, and six out of ten cases of penetrating wound of the knee; while, since he has used antiseptics, he has had sixty-six cases of compound fracture with nine deaths, and twelve cases of wounded knee with two deaths.—*Brit. Med. Journ.*, May 31, 1879.

Salivary Tumour, following the Extirpation of a Tumour of the Parotid Gland.

At a meeting of the Société de Chirurgie on January 8, 1879, M. MARTINET read the following note on an unique case. A lady aged 28 had for some time suffered from a tumour of the parotid gland. M. Martinet operated upon it, enucleating the tumour, which resembled adenoma. The patient was ordered to maintain complete silence, and to avoid mastication. On the tenth day, thinking she was out of danger, because the wound was cicatrized, she bit into a piece of bread. Immediately her cheek swelled very much, and the tumour reappeared on the same spot as before. M. Martinet, on examining it, found that it was soft and fluctuating. He made an incision, and a few drops of pus and saliva came out of it. On the patient being told to masticate, the tumour formed again. She was again restricted to taking liquid food, and injections of carbolic acid were made into the sac. On the next day the carbolic acid was found to enter the